



<div style="text-align: center;">Effective on 12/08/04 Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). <b>FEE TRANSMITTAL</b> <b>For FY 2005</b></div>		<i>Complete if Known</i>	
		Application Number	09/888,707
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Filing Date	June 25, 2001
TOTAL AMOUNT OF PAYMENT (\$ ) <b>910.00</b>		First Named Inventor	Trace, et al.
		Examiner Name	Q.N. Nguyen
METHOD OF PAYMENT (check all that apply)		Art Unit	2141
		Attorney Docket No.	163933.01
		Express Mail Label No.	N/A

☐ Check    ☐ Credit Card    ☐ Money Order    ☐ None    ☐ Other (please identify): \_\_\_\_\_  
☒ Deposit Account    Deposit Account Number: **50-0463**    Deposit Account Name: **MICROSOFT CORPORATION**  
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  
☒ Charge fee(s) indicated below    ☐ Charge fee(s) indicated below, except for the filing fee  
☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17    ☒ Credit any overpayments

**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

**FEE CALCULATION**  
**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES**

Fee Description	Small Entity	
	Fee (\$)	Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

**Total Claims**  
19 - 26 or HP = 0 x 50 = 0  
HP = highest number of total claims paid for, if greater than 20

**Multiple Dependent Claims**  
Fee (\$): 0    Fee Paid (\$): 0

**Indep. Claims**  
4 - 4 or HP = 0 x 200 = 0  
HP = highest number of independent claims paid for, if greater than 3

**Multiple Dependent Claims**  
Fee (\$): 0    Fee Paid (\$): 0

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
N/A	-100 = 0	/ 50 = 0 (round up to a whole) number x 250	=	0

**4. OTHER FEE(S)**

	Fees Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)	0
Other: RCE fee (\$790.00); 1 month extension of time fee (\$120.00)	\$910.00

<b>SUBMITTED BY</b>		
Signature	<i>David S. Lee</i>	Registration No. (Attorney/Agent) <b>38,222</b>
Name (Print/Type) <b>David S. Lee</b>		Telephone <b>(425) 703-8092</b>
		Date <b>June 29, 2005</b>